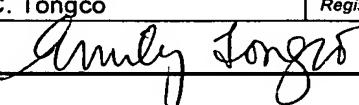
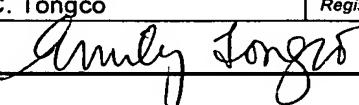
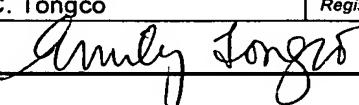


Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<b>UTILITY PATENT APPLICATION TRANSMITTAL</b> <small>(Only for new nonprovisional applications under 37 CFR 1.53(b))</small>		<b>Attorney Docket No.</b> 391442006300																												
		<b>First Inventor</b> Gary BRIDGER																												
		<b>Title</b> CXCR4 CHEMOKINE RECEPTOR BINDING COMPOUNDS																												
		<b>Express Mail Label No.</b> EV419117470US																												
<b>APPLICATION ELEMENTS</b> <i>See MPEP chapter 600 concerning utility patent application contents.</i>																														
<p>1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17)  <i>(Submit an original, and a duplicate for fee processing) (2 pages)</i></p> <p>2. <input checked="" type="checkbox"/> Applicant claims small entity status.  <i>See 37 CFR 1.27.</i></p> <p>3. <input checked="" type="checkbox"/> Specification <b>[Total Pages</b> 456 <b>]</b>  <i>(preferred arrangement set forth below)</i> <ul style="list-style-type: none"> <li>- Descriptive title of the invention</li> <li>- Cross Reference to Related Applications</li> <li>- Statement Regarding Fed Sponsored R &amp; D</li> <li>- Reference to sequence listing, a table, or a computer program listing appendix</li> <li>- Background of the Invention</li> <li>- Brief Summary of the Invention</li> <li>- Brief Description of the Drawings <i>(if filed)</i></li> <li>- Detailed Description</li> <li>- Claim(s)</li> <li>- Abstract of the Disclosure</li> </ul> </p> <p>4. <input checked="" type="checkbox"/> Drawing(s) <i>(35 U.S.C. 113)</i> <b>[Total Sheets</b> 2 <b>]</b></p> <p>5. Oath or Declaration <b>[Total Sheets</b> <input type="text"/> <b>]</b></p> <p>a. <input type="checkbox"/> Newly executed (original or copy)</p> <p>b. <input type="checkbox"/> Copy from a prior application <i>(37 CFR 1.63(d))</i>  <i>(for continuation/divisional with Box 18 completed)</i></p> <p>i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b>  <i>Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</i></p> <p>6. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76 (3 pages)</p>																														
<p>7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program <i>(Appendix)</i></p> <p>8. Nucleotide and/or Amino Acid Sequence Submission <i>(if applicable, all necessary)</i></p> <p>a. <input type="checkbox"/> Computer Readable Form (CRF)</p> <p>b. Specification Sequence Listing on: <ul style="list-style-type: none"> <li>i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or</li> <li>ii. <input type="checkbox"/> Paper</li> </ul> </p> <p>c. <input type="checkbox"/> Statements verifying identity of above copies</p>																														
<b>ACCOMPANYING APPLICATION PARTS</b>																														
<p>9. <input type="checkbox"/> Assignment Papers (cover sheet &amp; document(s))</p> <p>10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <b>[when there is an assignee]</b> <input type="checkbox"/> Power of Attorney</p> <p>11. <input type="checkbox"/> English Translation Document <i>(if applicable)</i></p> <p>12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations</p> <p>13. <input type="checkbox"/> Preliminary Amendment</p> <p>14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503)  <i>(Should be specifically itemized)</i></p> <p>15. <input type="checkbox"/> Certified Copy of Priority Document(s) <i>(if foreign priority is claimed)</i></p> <p>16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i).  <i>Applicant must attach form PTO/SB/35 or its equivalent.</i></p> <p>17. <input type="checkbox"/> Other: <input type="text"/></p>																														
<p>18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76:</p> <p><input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No.: <input type="text"/></p> <p>Prior application information: Examiner <input type="text"/> Art Unit: <input type="text"/></p> <p>For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation <u>can only</u> be relied upon when a portion has been inadvertently omitted from the submitted application parts.</p>																														
<p><b>19. CORRESPONDENCE ADDRESS</b></p> <table border="1"> <tr> <td><input checked="" type="checkbox"/> Customer Number:</td> <td>25225</td> <td>OR</td> <td><input type="checkbox"/> Correspondence address below</td> </tr> <tr> <td>Name</td> <td colspan="3"></td> </tr> <tr> <td>Address</td> <td colspan="3"></td> </tr> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> <td></td> </tr> <tr> <td>Country</td> <td>Telephone</td> <td></td> <td>Fax</td> </tr> </table> <table border="1"> <tr> <td>Name (Print/Type)</td> <td>Emily C. Tongco</td> <td>Registration No. (Attorney/Agent)</td> <td>46,473</td> </tr> <tr> <td>Signature</td> <td colspan="2"></td> <td>Date April 12, 2004</td> </tr> </table>			<input checked="" type="checkbox"/> Customer Number:	25225	OR	<input type="checkbox"/> Correspondence address below	Name				Address				City	State	Zip Code		Country	Telephone		Fax	Name (Print/Type)	Emily C. Tongco	Registration No. (Attorney/Agent)	46,473	Signature			Date April 12, 2004
<input checked="" type="checkbox"/> Customer Number:	25225	OR	<input type="checkbox"/> Correspondence address below																											
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Signature			Date April 12, 2004																											

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV419117470US, in an envelope addressed to: MS Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: April 12, 2004

Signature:  (Brenda Campbell)15535 U.S. PTO  
10/823494

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# FEE TRANSMITTAL for FY 2004

Effective 10/01/2003, Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT** (\$ 761.00)
**Complete if Known**

Application Number	Not Yet Assigned
Filing Date	Concurrently Herewith
First Named Inventor	Gary BRIDGER
Examiner Name	Not Yet Assigned
Art Unit	N/A
Attorney Docket No.	391442006300

METHOD OF PAYMENT (check all that apply)				FEE CALCULATION (continued)																																																																																																																																																																																										
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None <input checked="" type="checkbox"/> Deposit Account: Deposit Account Number <span style="border: 1px solid black; padding: 2px;">03-1952</span> Deposit Account Name <span style="border: 1px solid black; padding: 2px;">Morrison &amp; Foerster LLP</span> The Director is authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s) <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.				<b>3. ADDITIONAL FEES</b> <table border="1"> <thead> <tr> <th>Large Entity</th> <th>Small Entity</th> <th colspan="2">Fee Description</th> <th>Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> <th></th> </tr> </thead> <tbody> <tr> <td>1051</td> <td>130</td> <td>2051</td> <td>65</td> <td>Surcharge - late filing fee or oath</td> </tr> <tr> <td>1052</td> <td>50</td> <td>2052</td> <td>25</td> <td>Surcharge - late provisional filing fee or cover sheet.</td> </tr> <tr> <td>1053</td> <td>130</td> <td>1053</td> <td>130</td> <td>Non-English specification</td> </tr> <tr> <td>1812</td> <td>2,520</td> <td>1812</td> <td>2,520</td> <td>For filing a request for ex parte reexamination</td> </tr> <tr> <td>1804</td> <td>920*</td> <td>1804</td> <td>920*</td> <td>Requesting publication of SIR prior to Examiner action</td> </tr> <tr> <td>1805</td> <td>1,840*</td> <td>1805</td> <td>1,840*</td> <td>Requesting publication of SIR after Examiner action</td> </tr> <tr> <td>1251</td> <td>110</td> <td>2251</td> <td>55</td> <td>Extension for reply within first month</td> </tr> <tr> <td>1252</td> <td>420</td> <td>2252</td> <td>210</td> <td>Extension for reply within second month</td> </tr> <tr> <td>1253</td> <td>950</td> <td>2253</td> <td>475</td> <td>Extension for reply within third month</td> </tr> <tr> <td>1254</td> <td>1,480</td> <td>2254</td> <td>740</td> <td>Extension for reply within fourth month</td> </tr> <tr> <td>1255</td> <td>2,010</td> <td>2255</td> <td>1,005</td> <td>Extension for reply within fifth month</td> </tr> <tr> <td>1401</td> <td>330</td> <td>2401</td> <td>165</td> <td>Notice of Appeal</td> </tr> <tr> <td>1402</td> <td>330</td> <td>2402</td> <td>165</td> <td>Filing a brief in support of an appeal</td> </tr> <tr> <td>1403</td> <td>290</td> <td>2403</td> <td>145</td> <td>Request for oral hearing</td> </tr> <tr> <td>1451</td> <td>1,510</td> <td>1451</td> <td>1,510</td> <td>Petition to institute a public use proceeding</td> </tr> <tr> <td>1452</td> <td>110</td> <td>2452</td> <td>55</td> <td>Petition to revive - unavoidable</td> </tr> <tr> <td>1453</td> <td>1,330</td> <td>2453</td> <td>665</td> <td>Petition to revive - unintentional</td> </tr> <tr> <td>1501</td> <td>1,330</td> <td>2501</td> <td>665</td> <td>Utility issue fee (or reissue)</td> </tr> <tr> <td>1502</td> <td>480</td> <td>2502</td> <td>240</td> <td>Design issue fee</td> </tr> <tr> <td>Total Claims</td> <td>57</td> <td>Extra Claims</td> <td>Fee from below</td> <td>Fee Paid</td> </tr> <tr> <td>Independent Claims</td> <td>4</td> <td>37</td> <td>x 9.00</td> <td>333.00</td> </tr> <tr> <td>Multiple Dependent</td> <td></td> <td>1</td> <td>x 43.00</td> <td>43.00</td> </tr> <tr> <td colspan="2"></td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="2">Large Entity</td> <td colspan="2">Small Entity</td> <td colspan="2"></td> </tr> <tr> <td>Fee Code</td> <td>Fee (\$)</td> <td>Fee Code</td> <td>Fee (\$)</td> <td colspan="2">Fee Description</td> </tr> <tr> <td>1202</td> <td>18</td> <td>2202</td> <td>9</td> <td colspan="2">Claims in excess of 20</td> </tr> <tr> <td>1201</td> <td>86</td> <td>2201</td> <td>43</td> <td colspan="2">Independent claims in excess of 3</td> </tr> <tr> <td>1203</td> <td>290</td> <td>2203</td> <td>145</td> <td colspan="2">Multiple dependent claim, if not paid</td> </tr> <tr> <td>1204</td> <td>86</td> <td>2204</td> <td>43</td> <td colspan="2">** Reissue independent claims over original patent</td> </tr> <tr> <td>1205</td> <td>18</td> <td>2205</td> <td>9</td> <td colspan="2">** Reissue claims in excess of 20 and over original patent</td> </tr> <tr> <td colspan="2">SUBTOTAL (2) (\$ 376.00)</td> <td colspan="2">SUBTOTAL (1) (\$ 385.00)</td> <td colspan="2">*Reduced by Basic Filing Fee Paid</td> <td colspan="2">SUBTOTAL (3) (\$ 0.00)</td> </tr> <tr> <td colspan="4">**or number previously paid, if greater; 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## SUBMITTED BY

## (Complete if applicable)

Name (Print/Type)	Emily C. Tongco	Registration No. (Attorney/Agent)	46,473	Telephone	(858) 314-5413
Signature			Date	April 12, 2004	